

Project Budget

Directions: Complete all parts of the budget. Incomplete or blank sections may result in application rejection.

A. Overall Budget by Category and Source:

	Project Cost	State Grant	Local Match	Other (if Applicable)
Total for Consultant(s)	_____	_____	_____	_____
Total for Other Cost(s)	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

B. Budget Details:

1. Consultants - Specify the name(s) and/or the type(s) of consultants to be used for the project, e.g. landscape architect, planner, engineer, attorney, etc. Include any fees and/or expenses to be included in the project budget. **NOTE: The costs associated with these expenses may not exceed 50% of the total project cost unless otherwise determined to be eligible expenses by the Department.**

Description	Amount
_____	_____
_____	_____
_____	_____

2. Other Cost Categories - Specify any other costs associated with completing the project which will be part of the total project cost, e.g. postage, photocopying, printing, binding, map purchase, map reproduction, computer software, equipment, etc.

Description	Amount
_____	_____
_____	_____
_____	_____

3. Source(s) of matching funds (Check appropriate choice(s)):

<u>Source</u>	<u>Amount</u>
_____ Municipal Budget FY _____	_____
_____ County Budget FY _____	_____
_____ Annual Seedling Sales (SCDs only)	_____
_____ Other: _____	_____